

## Secretary for Health and Family Services Selections for Preferred Products

This is a summary of the final Preferred Drug List (PDL) selections made by the Secretary for Health and Family Services based on the September 16, 2010 Pharmacy and Therapeutics Advisory Committee (PTAC) Meeting.

Description of Recommendation	Final Decision (s)
<p><b><u>Urinary Tract Antispasmodics</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least two unique chemical entities should be preferred. One should be liquid oxybutynin IR and the other should be EITHER darifenacin OR fesoterodine ER OR solifenacin.</li> <li>2. Only patients who are unable to swallow or tolerate oral medications should be approved for non-oral formulations of agents in this class.</li> <li>3. Continue current quantity limits on all agents in this class.</li> <li>4. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>5. For any new chemical entity in the Urinary Tract Antispasmodic Class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p><b><u>Selected Preferred Agent (s)</u></b></p> <p>           Enablex<sup>®</sup>            flavoxate            oxybutynin            VESIcare<sup>®</sup> </p> <p><b><u>Non Preferred Agent (s)</u></b></p> <p>           Detrol<sup>®</sup>            Detrol LA<sup>®</sup>            Ditropan XL<sup>®</sup>            Gelnique<sup>™</sup>            oxybutynin ER            Oxytrol<sup>™</sup>            Sanctura<sup>®</sup>            Sanctura XR<sup>®</sup>            Toviaz<sup>™</sup>            trospium ER         </p>
<p><b><u>Branded Products with Generic Components</u></b></p> <p><b><u>Clinical Criteria</u></b></p> <p>Require prior authorization for the following products:</p> <ul style="list-style-type: none"> <li>• Saklera<sup>®</sup> Foam</li> <li>• Orbivan<sup>®</sup></li> <li>• Cambia<sup>®</sup></li> </ul>	<p>The following products will require prior authorization:</p> <ul style="list-style-type: none"> <li>• Saklera<sup>®</sup> Foam</li> <li>• Orbivan<sup>®</sup></li> <li>• Cambia<sup>®</sup></li> </ul>
<p><b><u>New Products to Market: Zirgan<sup>™</sup></u></b></p> <p>Place this product preferred in the PDL class titled Ophthalmic Antivirals.</p>	<p>Zirgan<sup>™</sup> will be placed preferred in the PDL class titled Ophthalmic Antivirals.</p>
<p><b><u>New Products to Market: Qutenza<sup>®</sup></u></b></p> <p>Qutenza<sup>®</sup> will be approved for a diagnosis of postherpetic neuralgia after trial and failure of one of the following agents:</p> <ul style="list-style-type: none"> <li>• gabapentin; OR</li> <li>• tricyclic antidepressant; OR</li> <li>• SNRI; OR</li> <li>• pregabalin</li> </ul>	<p>Qutenza<sup>®</sup> will be approved for a diagnosis of postherpetic neuralgia after trial and failure of one of the following agents:</p> <ul style="list-style-type: none"> <li>• gabapentin; OR</li> <li>• tricyclic antidepressant; OR</li> <li>• SNRI; OR</li> <li>• pregabalin</li> </ul>
<p><b><u>New Products to Market: Prolia<sup>™</sup></u></b></p> <p>Prolia<sup>™</sup> will be approved after trial and failure of one oral bisphosphonate, unless contraindicated.</p>	<p>Prolia<sup>™</sup> will be approved after trial and failure of one oral bisphosphonate, unless contraindicated.</p>

<b>Description of Recommendation</b>	<b>Final Decision (s)</b>
<b><u>New Products to Market: Oravig™</u></b> Place this product non preferred in the PDL class titled Antifungals: Oral.	Oravig™ will be placed non preferred in the PDL class titled Antifungals: Oral.
<b><u>New Products to Market: Zortress®</u></b> Place this product non preferred in the PDL class titled Immunosuppressants.	Zortress® will be placed non preferred in the PDL class titled Immunosuppressants.
<b><u>New Products to Market: Vimovo™</u></b> Place this product non preferred with similar quantity limits in the PDL class titled Proton Pump Inhibitors.	Vimovo™ will be placed non preferred with similar quantity limits in the PDL class titled Proton Pump Inhibitors.
<b><u>New Products to Market: Livalo®</u></b> Place this product non preferred with similar quantity limits in the PDL class titled High Potency Statins.	Livalo® will be placed non preferred with similar quantity limits in the PDL class titled High Potency Statins.
<b><u>New Products to Market: Zymaxid™</u></b> Place this product non preferred in the PDL class titled Ophthalmic Antibiotics, Quinolones.	Zymaxid™ will be placed non preferred in the PDL class titled Ophthalmic Antibiotics, Quinolones.
<b><u>New Products to Market: ActoPlus Met XR®</u></b> Place this product non preferred with similar quantity limits in the PDL class titled Thiazolidinedione Combinations.	ActoPlus Met XR® will be placed non preferred with similar quantity limits in the PDL class titled Thiazolidinedione Combinations.
<b><u>New Products to Market: Jalyn™</u></b> Place this product non preferred with similar approval criteria in the PDL class titled Androgen Hormone Inhibitors.	Jalyn™ will be placed non preferred with similar approval criteria in the PDL class titled Androgen Hormone Inhibitors.
<b><u>New Products to Market: Dulera®</u></b> Place this product non preferred with similar quantity limits in the PDL class titled Beta Agonists: Combination Products. This prior approval should be available through an electronic step edit via the typical non preferred drug criteria.	Dulera® will be placed non preferred with similar quantity limits in the PDL class titled Beta Agonists: Combination Products. This prior approval will be available through an electronic step edit via the typical non preferred drug criteria.
<b><u>Suboxone®/Subutex® Clinical Criteria</u></b> Table this agenda item pending recommendations from a DMS assembled work group.	Tabled

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<p><b><u>Tobacco Cessation</u></b></p> <ol style="list-style-type: none"> <li>1. DMS to select preferred agent (s) based on economic evaluation; however, at least three unique chemical entities should be preferred.</li> <li>2. Agents not selected as preferred will be considered non preferred and require PA.</li> <li>3. Place quantity limits on drugs in this class based on maximum FDA-approved dose.</li> <li>4. For any new chemical entity in the Tobacco Cessation class, require a PA until reviewed by the P&amp;T Advisory Committee.</li> </ol>	<p><b><u>Selected Preferred Agent (s)</u></b></p> <p>bupropion SR  Chantix<sup>®</sup>  nicotine gum  nicotine lozenge  nicotine transdermal system</p> <p><b><u>Non Preferred Agent (s)</u></b></p> <p>Commit Lozenge<sup>®</sup>  Nicoderm CQ<sup>®</sup>  Nicorette<sup>®</sup>  Nicorette Mini Lozenge<sup>®</sup>  Nicotrol<sup>®</sup> Inhaler  Nicotrol<sup>®</sup> NS  Zyban<sup>®</sup></p>